EXHIBIT "E"

State of New York

STATE ETHICS COMMISSION

● 540 Broadway ● Albany, NY 12207 ● Albany, NY 12207-2717

Annual Statement of Financial Disclosure: For calendar year 2006

1. Name (Last) HALBRITTER	(Fist) Jane	(M) A	(Suffix)
2. (a) TITLE OF POSITION Member	(b) DÉPARTMENT, AI State Insurança	SENCY OR OTHER GOVERNMENTAL ENTITY Fund	
(c) ADDRESS OF PRESENT OFFICE 100 West Garden Street Rome,	New York 13440	(d) OFFICE TELEPHONE NI 315-271-8734	JMBER
3. (a) MARITAL STATUS Separated	IF MARRIED, PLEASE GIVE SPOUSE'S NAME (Including maiden n Arthur R Halbritter		
(b) LIST THE NAMES OF ALL UNEMANCIPA			
Answer each of the following Categor \$60,000; Category D - 3	llowing questions completely, with respect to cale dditional space is needed, attach additional pages. 'amount" is required to be reported herein, such values: Category A - under \$5,000; Category B - \$5,00 \$60,000 to under \$100,000; Category E - \$100,000 tual shall indicate the Category by letter only. Category	endar year 2006, unless another pe	eriod or date is eing within one 20,000 to under 7 - \$250,000 or tion.
	eeship, directorship, partnership, or position of any firm, corporation, association, partnership, of the desired positions; do NOT list membership of the desired partnership of the desired partnership, or position of any such as a position of the desired partnership, or position of any state of the desired partnership, or position of any state of the desired partnership, or position of any state of the desired partnership, or partnership, or position of any state or local agency, was regulated by any state or local agency, and the desired partnership of	nature, whether compensated or nother organization other than the uncompensated honorary position regulatory agency or local agency, with, or had matters other than min	ot, held by the State of New as. If the listed or, as a regular isterial matters
NONE			
OSITION DIRECTOR	ORGANIZATION JAMES STREET MANAGEMENT, INC.	NAME OF STATE OR LOCAL AGENCY NONE	
PIRECTOR	WHITE BIRCH POINTE, LLC	NONE	711
RECTOR	WH)TE BIRCH LANDING, LLC	NONE	angan ngangangan Artini Artini Artini Anamad
IRECTOR	GEORGE A. ROSSI CONSTRUCTION CO	NONE	MOTORINA
IRECTOR	ROSSI OPERATING CORP	NONE	
RECTOR	Tuxedo mobile homes, inc.	NONE	The state of the s
RECTOR	UNIVERSAL LINEN SERVICE CO. INC.	NONE	Markson makes and a
RECTOR	UNIVERSAL GRAVEL, INC	NONE	on the section of more different

✓ NONE

organization o	other than the State of i	New York, Include compa	any firm, corporation, association, pa msated honorary positions; do NOT li i by any state or local agency, was reg part of the business or activity of said or local agency, list the name of any such	ist membership or
☑ none				
Position	OH	RGANIZATION	NAME OF STATE OR LOCAL AGENCY	
5. (a) List the nar above), trade, be agency, was re activity of said name of the age	ne, address and descriptions of the control of the	on of any occupation, emp aged in by the reporting in latory agency or local ager or had matters other than n	loyment (other than the employment li lividual. If such activity was licensed by cy, or, as a regular and significant part linisterial matters before, any state or loo	sted under Item 2 any state or local of the business or cal agency, list the
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	NAME AND ADDRESS		NAME OF STATE OR	e e
agency, or, as a ministerial matt	men activity was ticensed regular and significant par	f the reporting individual wall by any state or local agent of the business or activity scal agency. List the name.	is engaged in any occupation, employme cy, was regulated by any state regulator of said entity, did business with, or had a address and description of such occupat	y agency or local
5. (b) If the spouse or profession w agency, or, as a ministerial matt	or unemancipated child of hich activity was licensed regular and significant par ers before, any state or lo or profession and the name	f the reporting individual wall by any state or local agent of the business or activity cal agency, list the name, of any such agency.	is engaged in any occupation, employme cy, was regulated by any state regulator of said entity, did business with or had	y agency or local
5. (b) If the spouse or profession w agency, or, as a ministerial matterade, business of	or unemancipated child of hich activity was licensed regular and significant par ers before, any state or lo	f the reporting individual wall by any state or local agent of the business or activity socal agency, list the name, of any such agency.	is engaged in any occupation, employme by, was regulated by any state regulator of said entity, did business with, or had a address and description of such occupat	y agency or local
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11. List the identity and value, if reasonably ascertainable, of each interest in a trust, estate or other beneficial interest, including retirement plans other than retirement plans of the State of New York or the City of New York, and deferred compensation

2006 Finan Cappisch Surv	03848-WHP	Documer	nt 28-7	Filed 01/2	8/2008	Page 5 of	14 _{Page 4 of 6}
plans (e.g., 401, 403(b), 45 INDIVIDUAL held a ben in a trust, estate or other b	7, etc.) established efficial interest in EX enefficial interest est	in accordar (CESS of \$1 ablished by o	nce with the ,000 at any or for, or the	e Internal Re time during th estate of, a rel	venue Code e preceding ative.	in which the year. Do NOT	REPORTING report interests
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STONEHEDGE NH 401 K PLAN				abelian di serie di s			
12. (a) Describe the terms of, person, firm, or corporation leave of absence).	and the parties to, an on with respect to th	y contract, p ie employme	promise, or of ent of such	ther agreemen individual afte	t between the r leaving of	e reporting indi ffice or position	vidual and any 1 (other than a
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12. (b) Describe the parties REPORTING INDIVIDUA or contributions to a pensietc.)	to and the terms of AL in EXCESS of \$1 on fund, profit-shar	of any agree ,000 from a ing plan, or	ement provid prior emplo life or healt	fing for conti yer OTHER T h insurance; t	nuation of HAN the Str ouy-out agre	payments or bate. (This include ements; severa	enefits to the des interests in nce payments;
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13. List below the nature and a such individual's spouse for limited to, all income (other whether public or private, or honorariums, lecture fees, or recognized gains from the shall be reported with the sentity and not by the name building address or entity, support payments shall not be	amount of any income the taxable year larthan that received for than that received for than that received for the consultant fees, bank tale or exchange of repurce identified by the findividual custon the receipt of main be listed.	e in EXCES ast occurring from the emper fiduciary and bond in eal or other the building a stomers, clicatenance received.	S of \$1,000 prior to the sloyment list positions, co terest, divide property. Includites in care to the sort tenant cived in consideration of tenant cived in considerations.	from EACH and the design of th	SOURCE for g. Nature of 2 above) from gements, to derived from usiness or pr the rents and gregate net in a matrimonic	r the reporting income included income included income income, a trust, real esto of the resion and restorme before the all action, alimost	ndividual and les, but is not if employment partnerships, tate rents, and all estate rents e name of the axes for each ony and child
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 List the sources of any def reporting individual following compensation reported in Ite aggregate and shall identify income was derived, but shall 	m 11 haramahana T	alendar year	r for which	inis disclosure	statement	is filed, other t	han deferred
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OURCE							
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or real p	th assignment of in- his statement is file property, by the rep r has not been so re	d for less than fa orting individual	S of \$1,000, and eac ir consideration of a , in excess of \$1,000	h transfer other t n interest in a tro), which would o	han to a relative ust, estate or oth otherwise be rec	e during the reporting period fo ner beneficial interest, securitie quired to be reported herein and
☑ none	· ·					
item assigned Ortransferred	<u> </u>		ved oit Ferred <u>to</u>			
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SELF	ADIRON	IDACK BANK	CD'S	N/A	-	TOTAL STATE OF THE
spouse. All which is of the primary	so list real property wned or controlled	y owned for inve by the reporting onal residence of	stment purposes by	a corporation m	ore than fifty p	ership of any real property in or the reporting individual's ercent (50%) of the stock of st any real property which is spouse, except where there
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☑ NONE

2006 Financial Bisclosure Statement

Document 28-7

Filed 01/28/2008

Page 7 of 14_{Page 6 of 6}

NAME OF DESTOR

Type of obligation, date due, and nature of collaireal if any

19. List below all liabilities of the reporting individual and such individual's spouse, in EXCESS of \$5,000 as of the date of filing of this statement, other than liabilities to a relative. Do NOT list liabilities incurred by, or guarantees made by, the reporting individual or such individual's spouse or by any proprietorship, partnership or corporation in which the reporting individual or such individual's spouse has an interest, when incurred or made in the ordinary course of the trade, business or professional practice of the reporting individual or such individual's spouse. Include the name of the creditor and any collateral pledged by such individual to secure payment of any such liability. A reporting individual shall not list any obligation to pay maintenance in connection with a matrimonial action, alimony or child support payments. Any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances shall be excluded. If any such reportable liability has been guaranteed by any third person, list the liability and name the guarantor.

. 10	NONE

NAME OF CREDITOR OR GUARANTOR TYPE OF LIABILTY AND COLLATERAL, IF ANY

The requirements of law relating to the reporting of financial interests are in the public interest and no adverse inference of unethical or illegal conduct or behavior will be drawn merely from compliance with these requirements.

X Submitted Electronically	May 09, 2007	
Signature of Reporting Individual	Date (month/day/year)	

State of New York

STATE ETHICS COMMISSION

● 540 Broadway ● Albany, NY 12207 ● Albany, NY 12207-2717

Annual Statement of Financial Disclosure:	For calendar year 2	2005
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1. Name (Last) HALBRITTER	(First) Jane	(M)	(Suffix)
2. (s) TITLE OF POSITION Momber		ENT, AGENCY OR OTHER GOVERNMENTAL ENTITY rance Fund	
(c) ADDRESS OF PRESENT OFFICE 100 West Garden Street Rome,		(d) OFFICE TELEPH 315-271-8734	ONE NUMBER
3. (a) MARITAL STATUS Married	IF MARRIED, PLEASE GIVE SPOUSE'S NAME (Including m Arthur R Halbritter	aiden name where applicable)	
(b) LIST THE NAMES OF AU, UNEMANCIPA			
Whenever a "value" or or of the following Categor \$60,000; Category D - Sover. A reporting individual	llowing questions completely, with respect to dditional space is needed, attach additional page "amount" is required to be reported herein, such ries: Category A - under \$5,000; Category B - \$60,000 to under \$100,000; Category E - \$100 dual shall indicate the Category by letter only. Complete the category by letter only. Category by letter only	n value or amount shall be reported 5,000 to under \$20,000; Category 6,000 to under \$250,000; and Category at egories are not subject to public in	as being within one 2 - \$20,000 to under ory F - \$250,000 or espection.
NONE			
esuton Nrector	ORGANIZATION WHITE BIRCH LANDING, LLC	name of state or local agency NONE	
RECTOR	universal gravel, inc	NONE	·
RECTOR	ROSSI OPERATING CORP	NONE	·
RECTOR	TUXEDO MOBILE HOMES, INC.	NONE	
RECTOR	universal linen service co. Inc.	NONE	aminania Manda and and an and an and an an and an
RECTOR	WHITE BIRCH POINTE, LLC	NONE	
RECTOR	STONEHEDGE NURSING HOME ROME,	INC. DEPT. OF HEALTH, DEPT. OF 8	OGIAL SERVICES
RECTOR	STONEHEDGE CHITTENANGO NURSIN	3 HOME DEPT. OF HEALTH, DEPT. OF S	OCIAL SERVICES

INC.

DIRECTOR	STONEHEDGE REALTY ROME, INC.	DEPT. OF HEALTH
DIRECTOR	stonehedge realty chittenango, inc.	DEPT. OF HEALTH
DIRECTOR	James Street Management, Inc.	NONE
DIRECTOR	GEORGE A. ROSSI CONSTRUCTION CO	NONE

4. (b) List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by the spouse or unemancipated child of the reporting individual, with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of any such agency.

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V	NONE

POSITION

ORGANIZATION

NAME OF STATE OR LOCAL AGENCY

5. (a) List the name, address and description of any occupation, employment (other than the employment listed under Item 2 above), trade, business or profession engaged in by the reporting individual. If such activity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of the agency.

NONE

OWNER	STONEHEDGE REALTY ROME, INC REALTY COMPANY 801 N.JAMES ST. ROME NY 13440	DEPT OF HEALTH, DEPT OF SOCIAL SERVICES
OWNER	STONEHEDGE REALTY REALTY COMPANY CHITTENANGO, INC. 801 N. JAMES ST. ROME, NY 13440	DEPT. OF HEALTH
OWNER	PHARMACY ONE, LLC 801 N. JAMES PHARMACY COMPANY ST. ROME, NY 13440	DEPT. OF HEALTH
OWNER	STONEHEDGE NH CHITTENANGO, RHCF INC 331 RUSSELL ST. CHITTENANGO NY 13057	DEPT OF HEALTH, DEPT OF SOCIAL SERVICES
POSITION OWNER	NAME AND ADDRESS OF ORGANIZATION DESCRIPTION STONEHEDGE NH ROME, INC 801 RHCF N.JAMES ST. ROME NY 13440	NAME OF STATE OR LOCALAGENCY DEPT OF HEALTH, DEPT OF SOCIAL SERVICES

5. (b) If the spouse or unemancipated child of the reporting individual was engaged in any occupation, employment, trade, business or profession which activity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name, address and description of such occupation, employment, trade, business or profession and the name of any such agency.

1	NONE
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COSTITION

NAME AND ADDRESS <u>DE ORGANIZATION</u>

DESCRIPTION

NAME OF STATE OR LOCAL AGENCY

Page 10 of 14 age 3 of 7 2005 Financial Disclosure Statement VHP Filed 01/28/2008 Document 28-7 6 List any interest, in EXCESS of \$1,000, held by the reporting individual, such individual's spouse or unemancipated child, or partnership of which any such person is a member, or corporation, 10% or more of the stock of which is owned or controlled by

name of the en	on, whether vested or contin ntity which holds such interes entity and the interest in such hich final payment has been m	t and the relationship of the contract. Do NOT include	reporting individual or bonds and notes. Do l	r such individual's spouse or NOT list any interest in any	such
been performe	ed, provided, however, that sunthing this statement is filed with re- local agency after public not	ch an interest must be listed	if there has been an on	going dispute during the cal	endar.
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srl <i>t,96</i> 0use Or.CHILO	entity which field interest in contract	relationship to entity and interest in contract	NAME OF CONTRACTING STATE OR LOCAL AGENCY		
7. List any position political party Election Law, organization the	on the reporting individual he committee, or as a political p The term "political organizat at is affiliated with or a subst	ld as an officer of any polit arty district leader. The terr ion" means any party or in diary of a party or independ	ical party or political on "party" shall have the dependent body as defent body.	organization, as a member of a same meaning as "party" in ined in the Election Law of	f any n the any
✓ NONE					
profession lice undertaken by	ing individual practices law, is unsed by the Department of such individual. Additionally the firm or corporation, give Do not list the name of indivi	Education, give a general	description of the pri	ncipal subject areas of ma	tters
8. (b) List the nam reporting indivi	ne, principal address and gen dual or such individual's spot property.	eral description or the natuse had an investment in ex	ire of the business acti cess of \$1,000 excludi	vity of any entity in which	the and
☐ NONE					
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UNIVERSAL GRAVEL, IN	łC				

UNIVERSAL LINEN SERVICE COMPANY, INC.

ROSSI OPERATING	CORP			
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WHITE BIRCH POINT	E, LLC		hal-demonstrated bloom which assessmither opportunity the following section on a section as a section of the demonstration of the demon	
List each source which this standonor, EXCLI reimbursemen	e of gifts, EXCLUDING tement is filed by the re JDING gifts from a relat ts, which term is defined i	campaign contributions porting individual or s ive. INCLUDE the nar n Item 10. Indicate the	, in EXCESS of \$1,000, received du uch individual's spouse or unemand me and address of the donor. The te value and nature of each such gift.	ring the reporting period cipated child from the sar from "gifts" does not inclu
☑ NONE				
eelf.spouse Dr.Cuild	NAME OLDONOR	ADDRESS	NATURE OF GIFT	
10. Identify and bexpenditures in purposes of this and for activition events. The ten	riefly describe the source a connection with official s item, the term "reimburs s related to the reporting n "reimbursement" does h	e of any reimbursement duties reimbursed by sements" shall mean and individual's official du NOT include gifts repor	ts for expenditures, EXCLUDING the state, in EXCESS of \$1,000 fty travel-related expenses provided by tres such as, speaking engagements, ted under Item 9.	campaign expenditures as rom each such source. F y nongovernmental sourc conferences, or factfinding
✓ NONE				
DURCE		Des	CRIETION	
1. List the identity retirement plans plans (e.g., 401 INDIVIDUAL tin a trust, estate	v and value, if reasonably other than retirement pl , 403(b), 457, etc.) estal ield a beneficial interest i or other beneficial interes	ascertainable, of each ans of the State of New Ished in accordance to EXCESS of \$1,000 at established by or for, a	interest in a trust, estate or other be w York or the City of New York, a with the Internal Revenue Code in t any time during the preceding year or the estate of, a relative.	eneficial interest, including deferred compensation which the REPORTING DO NOT report interest
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. (a) Describe the person, firm, or leave of absence)	erms of, and the parties to corporation with respect	o, any contract, promise to the employment of :	, or other agreement between the rep such individual after leaving office	orting individual and any or position (other than a
☑ NONE				
(b) Describe the REPORTING INI	parties to and the term DIVIDUAL in EXCESS of a pension fund, profit-s	ns of any agreement p f\$1,000 from a prior e haring plan, or life or	providing for continuation of paym mployer OTHER THAN the State. (health insurance; buy-out agreemen	nents or benefits to the This includes interests in its, severance payments;
etc.) I none				

13. List below the nature and amount of any income in EXCESS of \$1,000 from EACH SOURCE for the reporting individual and such individual's spouse for the taxable year last occurring prior to the date of filing. Nature of income includes, but is not limited to, all income (other than that received from the employment listed under Item 2 above) from compensated employment whether public or private, directorships and other fiduciary positions, contractual arrangements, teaching income, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, dividends, income derived from a trust, real estate rents, and recognized gains from the sale or exchange of real or other property. Income from a business or profession and real estate rents shall be reported with the source identified by the building address in case of real estate rents and otherwise by the name of the entity and not by the name of the individual customers, clients or tenants, with the aggregate net income before taxes for each building address or entity. The receipt of maintenance received in connection with a matrimonial action, alimony and child support payments shall not be listed.

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SELF	Stonehedge NH Rome, Inc	WAGES	And the control of th
SELF	***************************************	S CORP EARNINGS	
SELF	JAMES STREET MANAGEMENT INC	S CORP EARNINGS	
SELF	GORE ROAD SCHOOL	REAL ESTATE RENTAL	
SELF	stonehedge NH Rome, INC	S CORP EARNINGS	

14. List the sources of any deferred income (not retirement income) in EXCESS of \$1,000 from each source to be paid to the reporting individual following the close of the calendar year for which this disclosure statement is filed, other than deferred compensation reported in Item 11 hereinabove. Deferred income derived from the practice of a profession shall be listed in the aggregate and shall identify as the source, the name of the firm, corporation, partnership or association through which the income was derived, but shall not identify individual clients.

✓ NON	Ī
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SOURCE

15. List each assignment of income in EXCESS of \$1,000, and each transfer other than to a relative during the reporting period for which this statement is filled for less than fair consideration of an interest in a trust, estate or other beneficial interest, securities or real property, by the reporting individual, in excess of \$1,000, which would otherwise be required to be reported herein and is not or has not been so reported.

MONE.

ITEM ASSIGNED OR TRANSPERRED

ASSIGNED OR

16. List below the type and market value of securities held by the reporting individual or such individual's spouse from each issuing entity in EXCESS of \$1,000 at the close of the taxable year last occurring prior to the date of filing, including the name of the issuing entity exclusive of securities held by the reporting individual issued by a professional corporation. Whenever an reporting individual has knowledge thereof except where the reporting individual or the reporting individual's spouse has ascertainable by the reporting individual because the trustee is under an obligation or has been instructed in writing not to individual's spouse is the owner of record but in which such individual or the reporting individual or the reporting individual or the reporting individual or the reporting individual or beneficial holds more than five percent (5%) of the stock of a corporation in which the stock is publicly traded or more than ten percent purposes by a corporation more than fifty percent (50%) of the stock is NOT publicly traded. Also list securities owned for investment purposes by a corporation more than fifty percent (50%) of the stock of which is owned or controlled by the reporting individual or such individual or such individual's spouse. For the purpose of this item, the term "securities" shall mean mutual funds, bonds, mortgages, notes, obligations, warrants and stocks of any class, investment interests in limited or general partnerships and

Name of creditor OR GUARANTOR

TYPE OF LIABILTY
AND COLLABORATIFANY

The requirements of law relating to the reporting of financial interests are in the public interest and no adverse inference of unethical or illegal conduct or behavior will be drawn merely from compliance with these requirements.

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Submitted Electronically

June 08, 2006

Signature of Reporting Individual

Date (month/day/year)